

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/29/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R 02/20/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>EVERGREEN AT CC HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3050 N ORMSBY CARSON CITY, NV 89703</b>		
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{F 000}	INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of a re-visit survey conducted at your facility on 2/19- 2/20/08. The sample size was 8.  The following regulatory deficiencies were identified.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	{F 000}	<b>DISCLAIMER CLAUSE</b> <b>PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF THE STATE LAW.</b> <b>Hydration</b>		
{F 327} SS=D	<b>483.25(j) HYDRATION</b>  The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.  This REQUIREMENT is not met as evidenced by: Based on record review, policy review, and staff interviews, it was determined that the facility failed to ensure a collaborative system existed where dietary services, nursing services, and the physician would identify the hydration needs of individual residents, and that would establish an effective program and care plan designed to provide the appropriate and sufficient fluids to maintain proper hydration for 3 of 8 sampled residents (Resident #6, 7, and 18).  Findings include:  Resident # 18: The resident was admitted to the facility on 2/12/08, with diagnoses including congestive heart failure, renal failure, coronary	{F 327}	It is the policy of this facility that Dietary Services, Nursing Services and the Physician collaborate to identify the hydration needs of individual residents and that a care plan is developed to ensure appropriate and sufficient fluids to maintain proper hydration.  <b>Residents with Potential Risks</b>  Residents #6, 7 and 8 were not harmed by the failure to follow this policy. All residents have the potential to be harmed by failure to comply with this policy.  <b>Corrective Action</b>  Resident #8's record was reviewed. Problem was identified. Physician was notified during survey and no fluid restriction was recommended. Resident #7's care plan was revised. RD has completed the Nutritional Assessment for Resident #6 and care plan has been revised.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 327}	<p>Continued From page 1</p> <p>artery disease, and ascites (accumulation of fluid in the abdominal cavity).</p> <p>Record review revealed that Resident #18 had been on a fluid restriction of 1500 cubic centimeters (cc) per day while he was hospitalized. Review of the facility's nutritional evaluation completed by the facility's dietitian on 2/14/08 identified the resident's fluid requirements as "1864". A downward pointing arrow preceded the number 1864. The dietitian also wrote that "increased fluid was not recommended at this time due to exacerbation".</p> <p>On 2/19/08, in a telephone interview, the dietitian stated that the entry on the nutritional evaluation form in the fluid requirements box indicated the amount of fluid the resident needed per day. The amount was based on a calculation in the dietary manual used by the facility. She confirmed that the downward arrow meant "less than". She denied that the less than 1864 cc's represented a recommendation for a fluid restriction. She stated that she did not make recommendations and that fluid restrictions are ordered by the physician. She stated she did not speak to Resident #18's physician regarding the possible need for a fluid restriction. She stated that would be up to nursing staff. She stated that she tells the nursing staff if she believes the physician needs to know about a resident's dietary needs but did not recall talking to nursing staff regarding the resident.</p> <p>On 2/19/08 at approximately 11:45 AM, the director of nurses (DON) was interviewed. She reported that nursing staff were not aware of the dietitian's comments regarding Resident #18's fluid intake. She reviewed the nutritional</p>	{F 327}	<p>RD gives the original "Nutritional Recommendation by Registered Dietician" form to the DNS/designee and ED during an exit conference.</p> <p>The DNS/designee copies the form and gives to the licensed nurse(s) responsible for follow up.</p> <p>The DNS/designee fills in the date the recommendations are provided to the unit and fills in the complete date. Recommendations are completed within <del>3</del> <sup>changed</sup> <u>72 hr</u> days with supporting documentation in the medical record. The nurse indicates specific follow up action for each recommendation in the "Nursing Follow Up" column and indicates the date of completion and includes a note in the resident's medical record.</p> <p>The nurse returns the completed forms to the DNS/designee.</p> <p>Nurse Consultant/designee will in-service Nutritional Committee on collaborative system.</p> <p>For resident number #8 and #7 unless the resident is on fluid restriction, diet orders do not include fluid volumes. For residents #6 and #7 care plans do not routinely address fluid volume goals unless there is a specific order for specific volume consumption.</p>	<p>3/17/08 TC per Mia appo by QA comm mff</p>	

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{F 327}	<p>Continued From page 2</p> <p>evaluation form of 2/14/08, and agreed that the fluid requirements section indicated less than 1864 cc. She stated that the resident was not currently on a fluid restriction and that there was no order for a restriction. She did not believe the dietitian had alerted the nursing staff to her fluid recommendation. She did not believe anyone had spoken to the physician regarding the resident's fluid needs.</p> <p>Review of Resident #18's nutritional care plan revealed the dietitian identified that the resident was at risk for weight loss and dehydration. She indicated staff should serve meals and fluids as ordered by the physician. Review of the physician orders revealed that the physician had not identified the amount of fluid the resident was to receive.</p> <p>On 2/19/08 at 9:35 AM, in interview, certified nursing assistant (CNA) # 1 stated that Resident #18 was not on a fluid restriction. She also was unable to find the resident's intake and output (I&amp;O), records. In an interview with the DON on 2/19/08, she reported that the facility was unable to find the resident's I&amp;O record and believed it was lost. She believed the resident's I&amp;O had been monitored for seven days following admission. An incomplete collection of the resident's I&amp;O for the seven days following admission was found on the Nursing Assistant Documentation Tool for February 2008.</p> <p>Resident #7: The resident was admitted to the facility on 2/07/08 following an acute care hospitalization for an arthroplasty. Other diagnoses included osteoporosis, hypertension, cardiac disease, morbid obesity, renal failure, and gout.</p>	{F 327}	<p><b>Implemented Measure to Ensure Compliance/Monitoring of Compliance</b></p> <p>DNS/designee with Nutrition Committee will review random Nutritional Recommendations by RD weekly for four weeks and then every month thereafter.</p> <p>Findings will be reported to CQI Committee.</p> <p>To improve quality of nutrition assessments, the Director of Food and Nutrition Services for EHC Management and a senior Dietitian spent 2 days (3/3/08 and 3/4/08) working side by side with the RD to provide one on one training.</p> <p>The Director of Food and Nutrition Services for EHC Management will be in Evergreen Carson City Health and Rehabilitation the week of 3/10/08 to review nutrition documentation and provide feedback to facility RD and facility management staff. On-going review of RD notes will be completed by the Director of Food and Nutrition Services for EHC Management.</p>		3/13/08

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{F 327}	<p>Continued From page 3</p> <p>Review of the record revealed that in an initial Nutrition Evaluation on 2/11/08, the dietitian documented the fluid requirement for Resident #7 was 3041 cc.</p> <p>Also contained in the record was a computer printout from HealthCastle.com (identified as a resource used by the facility dietary department), addressing the specifics of a gout diet. One of the items noted that 2-3 liters of fluid should be consumed daily to help dilute the urinary uric acid so the body can flush it out.</p> <p>On 2/19/08 in a telephone interview, the dietitian stated that the fluid requirements were merely a calculation, and that she did not make recommendations.</p> <p>Review of the job description, for Evergreen Healthcare for the Regional Dietician, revealed that an essential function is to make recommendations to nursing services, dietary services and physicians on residents nutritional care.</p> <p>The dietitian did not adjust the fluid requirements for Resident #7 based on the following factors: she was above her ideal body weight, the diagnosis of gout can benefit from a fluid intake of 2-3 liters daily in order to dilute the urinary uric acid, excessive fluids may be harmful to residents with renal and/or cardiac disease, the resident had prominent edema in her lower extremities.</p> <p>On 2/19/08 in interview, the Assistant Director of Nurses (ADON), (who was monitoring the newly established Hydration Program), and the Director of Nurses (DON) voiced concerns about the</p>	{F 327}			

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{F 327}	<p>Continued From page 4</p> <p>amount of fluids recommended by the dietician for Resident #7 in relation to the possibility of fluid overload.</p> <p>Review of the short term care plan for Resident #7 revealed a single problem listed for nutrition and dehydration. The approach was to encourage fluids of choice but not to overload because of edema (swelling). There was no plan as to how this was to be done. The goals stated "will not have s/s (signs/symptoms) of dehydration and edema will improve", but the s/s of dehydration were not identified. The interventions stated "serve meals and fluids per diet order". The quantity of fluids was not addressed in the diet order. The care plan failed to identify the quantity of fluids the resident required to maintain hydration and failed to specify the approaches to attain the stated goals. Additional interventions stated were "encourage fluids at meals and as needed (prn)", and to "monitor for s/s dehydration and edema" without identifying how these were to be done.</p> <p>Resident #6: The resident was admitted to the facility 2/12/08 after a hospitalization. Diagnoses included congestive heart failure, chronic renal failure, dementia, chronic obstructive pulmonary disease and hypertension. The resident was legally blind.</p> <p>Record review revealed that upon admission, the resident was monitored for the 7 days of Intake and Output (I &amp; O) per the facility's new protocol. The data was reviewed by the Nutrition/Hydration and Skin committee on 2/14/08. The care plan was to encourage fluids with a follow-up date of 2/20/08. A food preferences list had been</p>	{F 327}			

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{F 327}	<p>Continued From page 5</p> <p>completed by the dietary manager indicating that the resident was to receive 8 oz of punch at lunch.</p> <p>At the time of the survey, the initial Nutritional Assessment was not done.</p> <p>Review of the 7 day I&amp;O indicated that Resident #6's intake ranged from 660 cc to 1440 cc per day.</p> <p>Review of the nursing short term care plan for Resident #6 revealed the following goal: "monitoring I&amp;O and no s/s of dehydration". The approaches were: encourage fluids at meals, water pitcher at bedside, and keep hydrated without fluid overload. The plan did not define how to encourage fluids in a legally blind, demented resident or how to identify fluid overload. The plan also did not quantify the amount of fluids this resident should be taking in daily to meet the goals.</p> <p>For these residents with needs of careful hydration, there was no evidence of a program where the facility dietician performed a comprehensive evaluation of the individual resident's fluid requirements and the team members communicated and worked together as necessary to meet the residents' needs.</p>	{F 327}			

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